Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

						-,							
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE		OR	OTHER THAN		
FOR			NUMBE	R FILED	1	NUMBER I	EXTRA 🔊	1	RATE	FEE	1	RATE	FEE
BASIC FEE				. ,	<u></u>					380.00	OR		760.00
TOTAL CLAIMS						X\$ 9=		OR	X\$18=	/			
INDEPENDENT CLAIMS						X39=		OR	X78=	234			
MULTIPLE DEPENDENT CLAIM PRESENT							+130=		OR	+260=			
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	944	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							_	SMALL	ENTITY	OR	OTHER SMALL		
ENT A		REN A	AIMS MAINING FTER NDMENT		NI PRE	IGHEST UMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	8	Minus	**	20	=		X\$ 9=	į	OR	X\$18=	
	Independent FIRST PRESE	*	ON OF MI	Minus	***	ENT CLAIM	=		X39=		OR	X78=	
	THOTPHEOL		ON OF WI	DETIFEE DET	LINDE	ZIVI ODANVI			+130=		OR	+260=	
								,	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
			lumn 1)			olumn 2)	(Column 3)						/ 1
ENT B		REM A	LAIMS MAINING IFTER NDMENT		PRE	IGHEST IUMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	AØDI- JIONAI FEE
MENDMENT	Total	*	310	Minus	**	20	= //		X\$ 9=		OR	X\$18=	
AME	Independent	*		Minus	***	6	= 0		X39=	-	OR	X78=	218
\vdash	FIRST PRESE	MIAII	ON OF M	ULTIPLE DE	PENDE	ENT CLAIM			+130=		OR	+260=	
	A							L	TOTAL ADDIT. FEE			TOTAL ADDIT. FEE	
	0	/(Co	lumn 1)		(Co	olumn 2)	(Column 3)	,	NDDII. I EE			ADDII. I EE	
AMENDMENT C		REN A	LAIMS MAINING FTER NDMENT		H N PRE	IGHEST IUMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		PATE	ADDI- TIONAI TEE
	Total	*	47	Minus	**	<u>36</u>	= //		X\$ 9=		OR	X\$18=	198-
	Independent FIRST PRESE	*	ON OF MI	Minus	PENDE	ENT CLAIM	-2		X39=		OR	X78=	156
	o. Tribot				LINDE	-141 OLANVI			+130=		OR	+260=	
*	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."							L A	TOTAL DDIT. FEE	0-		TOTAL ADDIT. FEE	354

FORM PTO-875 (Rev. 11/98)

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

^{***}If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: UH 472 666

Total Fee Calculation

Total Fee Calculation											
,	Fee Cade	Total ≈ Claims	Number Extra	X	Fee	Fe=	39	Total			
	Sca./Lg.				Sm. Eatity	Lg. Eatity					
Basic Filing Fee	201/101	0				160	•				
Total Claims >20	203/103	-20 -		X		27.1	•				
[adepeadent Claims >]	202/102	4 .; •	<u></u>	x	·	234	=				
Mult Dep Claim Present	204/104	•			·	130	=	•			
Surcharge	205/105					·	=				
Eaglish Translation	139						•	·			
TOTAL FEE CALCUL	ATION			•				1129			
Fees due upon filing	the application	:									
Total Filing Fees Du	e = S	112	4		÷			 			
Less Filing Fees Sub	cnitted - S _				•						
BALANCE DUE	= \$_	//2	4		÷			/			
Office of Initial Pater	at Examination	 1									

Figure 7

FORM OPE-RAM-01 (Rev. 12/97)